Beyond the Basics of Behavioral Health Equity: Implementing the National Standards for Culturally and Linguistically Appropriate Services

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AGENDA

1. Introduction

2. Engagement Through Stakeholder Education

3. Coming to the Table as Partners: An Integrated Health Equity Model of Family Engagement, Assessment and Reflective Practices

4. Putting CLAS into Practice- Shared Lessons from the Field and Implementation Exercise
Engagement Through Stakeholder Education

Shannon Moreno, MSW, PMP
Learning Objectives

• Participants will understand the importance of systematically implementing the CLAS Standards.

• Participants will learn how to effectively train and educate stakeholders on implementation of the CLAS Standards.

CLAS = Culturally and Linguistically Appropriate Services
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (2012)

- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Source: CLAS Blueprint: https://www.thinkculturalhealth.hhs.gov/clas/blueprint, April 2015
Foundational Concepts
Equality vs. Equity
What is Health Equity?

Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Source: Healthypeople.gov
Disproportionality
Disparity
Disparities in Data
Disparities in Data (cont.)

Disparity Ratio for Infant Mortality Rate by Race/Ethnicity, 2013
(REF: State Total)

- TOTAL: 1.0
- White: 0.9
- Black: 2.1
- Hispanic: 0.9
- Other: 0.7
Interpersonal vs. Institutional
The National CLAS Standards
Principal Standard

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Image courtesy of: https://www.ariadnelabs.org/
Standards 2-4

Having a culturally and linguistically diverse workforce that are responsive to the needs of racial, ethnic, and culturally diverse service populations

Image courtesy of: http://www.businessinsurance.com/
Standards 5-8

Ensuring effective communication with persons with limited English proficiency and other communication needs

Image courtesy of: https://proaupair.com/blog
Standards 9-15

Collecting accurate and reliable demographic data to respond to cultural and linguistic changes and to ensure equitable delivery of service in a transparent and accountable manner.

Image courtesy of: https://www.insurancejournal.com/
Training Approaches
Medium: Distance Learning

- Online CLAS module for health care professionals
- ABC’s of CLC webinar series
- CLC Podcast series
Medium: In-person Trainings

• Training list of existing options

• Tailored on-demand trainings/presentations

• Customized train-the-trainer coaching
Approach: Balancing Interests

Focus on effectiveness
• Understanding equity is a journey
• “Meet people where they’re at”
• Purpose is to move participants to action
• Generally done with majority culture in mind

Focus on honoring communities
• Minimizing equity issues is oppressive
• “Speak truth”
• Purpose is to remain true to what communities experience
• Generally done with minority cultures in mind
Focus on Effectiveness: Frameworks Institute

To understand the way ordinary Americans, across race and ethnicity, think about the issue of race and its relationship to such issues as health, education, community and crime, with special emphasis on disparities in those systems;

To experiment with new ways of talking about race in America that elevate concern for equity and allow people to engage with potential solutions for improving systems to achieving it; and

To translate this research into lessons for the broader field of civil rights scholars and advocates

http://www.frameworksinstitute.org/
Focus on Honoring Communities: The People’s Institute for Survival and Beyond

The People’s Institute for Survival and Beyond (PISAB) focuses on understanding what racism is, where it comes from, how it functions, why it persists, and how it can be undone.

Our workshops utilize a systemic approach that emphasizes learning from history, developing leadership, maintaining accountability to communities, creating networks, undoing internalized racial oppression and understanding the role of organizational gate keeping as a mechanism for perpetuating racism.

https://www.pisab.org/
Striking a Balance

• Acknowledge different areas of privilege and oppression, but focus on one issue at a time

• Teach concepts when specific words are triggering

• Be aware of who you are and what group(s) you represent
Activity: Role Play

Work with a partner and choose one person to be the trainer and one to be the training participant. Then act out the following:

A training participant says that they think equity sounds like special treatment for some and creates division between people.

How would you, as the trainer, respond to this?
Practice: Teaching Equity vs. Equality

**Equity**

**Equality**
CLAS as a Balanced Framework

• Focuses on solutions and applies to many populations

• Speaks truth using data and objective information

• Stresses importance of partnerships with communities
Coming to the Table as Partners: An Integrated Health Equity Model of Family Engagement, Assessment and Reflective Practices

Jeana Bracey, PhD
Director of School and Community Initiatives
Child Health and Development Institute of Connecticut

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Overview

• Context of CLAS in Connecticut

• Voices from Participants: Lessons and Accomplishments

• Family and Youth Partnerships

• CLAS Four Phase Model of Change

• Sample Health Equity Plans

• Next steps/Statewide Policy Health Equity Task Force
Project Background

- CT Public Act 13-178

**CONNECTing Children and Families to Care Video**

- **CONNECT** Systems of Care Grant funded by SAMHSA
- **Guiding Principles:** Disparities Impact Statement (Larke Nahme Huang, Ph.D.) developed by the Office of Behavioral Health Equity
- **Partnerships:** Health & Equity, LLC, Child Health & Development Institute, Yale University, Behavioral Health Partnership, FAVOR
CONNECTing with CLAS
Vision and Goal

**Vision:**
To develop, plan and implement a statewide process for incorporating Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) within the Children’s Network of Care of Connecticut.

**Goal:**
To partner with families and network of care leaders in order to promote health equity, racial justice and cultural and linguistic competence across all behavioral health services at the local, regional and state levels.
CONNECTing with National CLAS Standards

Initiative Objectives:

• Reduce disparities and disproportionalities

• To have the National CLAS Standards serve as the cornerstone for culturally and linguistically appropriate services in child and family serving agencies

• Coordinate CLAS Standards across the state of Connecticut

• To partner with families on ways of enhancing culturally responsive care
What do you think is the hardest part in implementation of CLAS Standards?

Take a moment to review below and indicate your answer with a show of hands.

- Buy in
- Funding/Sustainability
- Time commitment
- Partnerships
- Data Collection
- Other
Families are CENTRAL to This Process

Engagement Strategies:
Beresford Wilson, Executive Director, FAVOR INC.
Area: Focus Group Theme/Engagement: Podcast sample
The system like a pyramid can’t balance on its head/Leadership. It must be right sided to stand on its base/Consumer, allowing for full partnership.

Families are manipulated and victimized.

Families as full partners

Delta representing change, change is usually accompanied by harm and inconvenience. Our obligation is to minimize not marginalize the harm/inconvenience to achieve full partnership which allows for and encourages full employment in the process of transitioning to parent driven child and family focused service delivery.
CONNECTing with CLAS
Four Phase Model of Change

Jeana Bracey, Ph.D.
CONNECTing with CLAS Four Phase Change Model

• To develop health equity plans and to eliminate health disparities

• 4 Phases:
  ❖ Phase 1: Initiation and Engagement
  ❖ Phase 2: Assessment
  ❖ Phase 3: Implementation
  ❖ Phase 4: Sustainability
CONNECTing with CLAS
Four Phase Change Model

1. Phase 1: Initiation and Engagement
   - Introduction to CLAS Standards
   - Meet CONNECTing with CLAS team
   - Six month CLAS process overview

2. Phase 2: Assessment
   - Evaluation of your organization
   - Selection of your CLAS workgroup
   - Identification of priority CLAS standards

3. Phase 3: Implementation
   - Customized CLAS trainings
   - Development of service strategies

4. Phase 4: Sustainability
   - Sustainability and integration of CLAS service strategies
CONNECTing with CLAS Supports and Timeline

SUPPORTS

• 4 regional meetings to assist in the change process
• Bi-monthly technical assistance conference calls
• Individual agency technical assistance (emails, calls as needed)
• Family engagement technical assistance
• One site visit per agency by Consultant
CONNECTing with CLAS Four Phase Change Model

Phase 1: Initiation
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- Sustainability and integration of CLAS service strategies
Overview of Sample CT Health Equity Plans:

Assessment, Implementation, and Outcomes
SUMMARY SAMPLE #1

CLAS Standard 5
Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>MAJOR TASKS</th>
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<tr>
<td>Utilize a variety of direct (census) and indirect (geo-mapping) data points to assess language needs</td>
<td>1. Assess the top 15 languages spoken among potential (eligible) clients in service area</td>
<td>Percent of patients screened for their preferred spoken language</td>
<td>Establish baseline and monitor interpreter services, including request for interpreter services not available</td>
<td>Position: Not Person</td>
<td>Be generous; major tasks take time-there will be steps within each major task</td>
</tr>
<tr>
<td></td>
<td>2. Decide how to determine an individual’s primary language particularly if the language is unfamiliar</td>
<td>Frequency and types of interpreter services available Correlate improved availability and quality of language services with program outcomes measures</td>
<td>Reduce disparities related to language assessment services</td>
<td>Department or Committee: Reports to: Frequency of Reporting:</td>
<td></td>
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SUMMARY SAMPLE 2

Focus Group Themes
Focus Groups Conducted by FAVOR with 26 Residents

CLAS Themes

- Bi-lingual staff
- Staff to be representative of community
- Staff development in cultural diversity
- Groups feel marginalized, engage ALL groups
- How do we break down barriers?
- Increase awareness of services & programs
SUMMARY SAMPLE 3

Sample Health Equity Plans
CLAS Principal Standard: Fostering Cultural Competence

• Integrate cultural competency and CLAS-related criteria into staff evaluations

• **Accountability:** [Insert individual names here] to re-do evaluations and job criteria

*Timeline: July 2018*
CLAS Principal Standard: Fostering Cultural Competence

- Regularly review and update organizational policies and practices to reflect CLAS standards

- Accountability: [Insert individual names here]

Timeline: Ongoing
Establish a conflict and grievance resolution process for both staff and families that is understandable, easily accessible, confidential and transparent.

**Accountability:** Executive Director, Assistance Director, Board President, Executive Committee or Personnel Committee

**Performance Measure:** Provide oversight of the conflict and grievance resolution process as part of the organization’s overall quality assurance program to ensure the cultural and linguistic appropriateness of the process.

**Timeline:** In Place and Ongoing
CLAS Principal Standard: Build Community Partnerships

Build or participate in coalitions with community partners.

**Timeline: Ongoing**

**Performance Measure:** Collaborate with community organizations to advertise job openings and to identify resources for language interpretation and translation. Sponsor or participate in community events such as cultural festivals, fairs and other promotion activities.

**Accountability:** All Staff, Board President
Challenges

“Finding a training program that teaches supervisors how to supervise with a CLAS-mindful approach remains the biggest challenge on our “to-do” list”.

“The work tends to drift towards racial justice thus creating a challenge to stay focused on Health Equity for those who might experience inequity due to religion or sexual orientation”.

#LEADINGCHANGE
Next Steps: From Health Disparity Discussion to Implementation Strategies

Learning and Growing is Constant
Step 1: Collect and Analyze

1. Hiring/Promotion Practices: No regular assessments of hiring and retention data to reflect cultural and language needs of the catchment area

2. No strategic plan to recruit, retain and promote at all levels of the organization

3. Culturally and Linguistically Responsive Care

4. Underutilization of multilingual and multicultural support staff to assist staff with culturally responsive treatment

5. Training

6. No current mandatory training requirement related to the national CLAS standards for staff

7. Policies and Procedures

8. Lack of standardized procedures for communication of workplace policies that influence daily operations

9.
## Step 2: Create a Plan: Progress & Outcomes

<table>
<thead>
<tr>
<th>Aligned Missions, Visions, Values with CLAS Standards</th>
<th>Approved Equity, Diversity, &amp; Inclusion Policies by BOD</th>
<th>Expanded workgroups &amp; institutionalized with scheduled report to CEO</th>
<th>Updated, revised and continually improving health equity plans with BOD involvement</th>
</tr>
</thead>
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<tr>
<td>Revised customer satisfaction surveys, updated New Hire Orientations, expanded Exit Interviews</td>
<td>Entered into contracts with Language Services</td>
<td>Revised business plans to include measurable targets to monitor implementation</td>
<td>Inter-agency agreements (MOU) to share resources and recruit family participation</td>
</tr>
<tr>
<td>Instituted annual or bi-annual cultural competency training for staff and BODs</td>
<td>Tasked IT to improve tracking health equity data by program outcomes</td>
<td>Preparation of workgroup members to facilitate explicit and implicit bias discussions</td>
<td></td>
</tr>
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60
Strengthened orientation to **CLAS Standards**

**Language Matters:**
Terminology review (e.g. health equity, cultural competency) and concepts (white privilege, implicit bias, structural racism).

**Education on the process of change**
and understanding organizational *transformation*.
Coaching providers on ways to engage families formally and informally

Recommended modification of parent training curriculum to include agency staff so they are participants alongside families

Improved use of technical assistance conference calls

Added component on Results Based Accountability

Expanded length of consultation services offered to agencies
Hiring/Promotion Practices:
• Human Resources will expand current hiring practices to widen individuals reached.

Culturally and Linguistically Responsive Care:
• Continue to promote and educate staff about Cultural and Linguistic Workgroup and practices.

Training:
• Implement bi-annual two hours of cultural and linguistic trainings for all employed staff.
Policies/Procedures:

• Create a streamlined process to inform employees of new and existing policies related to their workplace experience.

• Work with national organization to promote a formalized Diversity, Equity and Inclusion Policy.
Next Steps: Policy Change

1. Statewide Steering Committee made up of Families and Professionals
2. Legislative interaction/meetings
3. More standardized CLAS Trainings
4. Learning Collaboratives
5. Integration of services/resources (i.e. Language)
THANK YOU FOR YOUR LISTENING

DO YOU HAVE ANY QUESTIONS?
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Lessons from the Field
Implementing CLAS Standards in the Field
Richmond Regional System of Care - Family Support Needs Assessment

Purpose

Engage the community to learn if needs were being met through the System of Care

Initial Process

1. Tool selection
2. Adaptation of tool
3. Utilizing Family Support Partners in the assessment process
Richmond Regional System of Care - Family Support Needs Assessment

Categories Measured

- Strategic Plan for the System of Care Approach
- System of Care Principles
- Services and Supports
- System of Care Infrastructure
- Commitment to the System of Care Approach
Richmond Regional System of Care-
Family Support Needs Assessment

Conduct assessment during FAPT meeting

Collect data and analyze using the assessment tool

Results indicate community strengths and opportunities for growth

Communities use feedback to build on the System of Care
Richmond Regional System of Care - Family Support Needs Assessment

**Partners in Implementation**
- Local leader on the Steering Committee
- Agencies from each community
- Beth Stroul and the TA Network
- UMFS (a local non-profit)

**Lessons Learned**
- ✓ Engage community in feedback
- ✓ Be prepared for people who are not used to receiving feedback
- ✓ Do something with the feedback once you receive it
Richmond Regional System of Care - Family Support Needs Assessment

**CLAS Standards Implemented**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
Richmond Regional System of Care - Family Support Needs Assessment

**CLAS Standards Implemented**

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
Jacksonville System of Care
Language Assistance Initiatives
Jacksonville System of Care
Language Assistance Initiatives

Languages in Duval County, Florida (County)
Key Features of CLC Plan

- Order mental health education materials in various languages (Top 3 languages)

- Include the availability of language access services in the Wraparound orientation packet to share with families during the initial engagement period of Wraparound

- Hire bilingual staff and determining proficiency level of bilingual staff through certification exams
Jacksonville System of Care
Language Assistance Initiatives

Key Features of CLC Plan

SOC provided professional learning in communication and language assistance.

- Effective cross-cultural communication
- Effective Use of Interpreters in Behavioral Health Settings
Jacksonville System of Care
Language Assistance Initiatives

Training included a broad range of topics:

- Person-First Language
- Examining Bias: Understanding Micro-aggressions
- Communicating Effective with Adolescent Youth
- Working with the Deaf and Hard of Hearing
- Trauma and Refuge/Immigrant Populations
- Creating Safe Environments for LGBTQ+ Populations
SOC partnered with stakeholders and other community partners to provide language access and to provide training.

- Duval County Public Schools
- Department of Children and Families - Refugee Services
- Jacksonville Refugee/Immigrant Taskforce
- University of North Florida: Disability Center, LGBTQ Center, Mental Health Counseling Department
- Jacksonville Area Sexual Minority Youth Network (JASMYN)
- Mayor’s Hispanic Advisory Board
- Children’s Home Society Burmese Education Program
Lessons Learned

- Include youth and families in CLC trainings to discuss the effect of language barriers, trauma and acculturation issues

- Conduct pre-session with interpreters

- Cultivate relationships with ethnic community based organizations and multicultural faith-based partners
Lessons Learned

- Language preference information should include dialects

- Don’t assume that language assistance is NOT needed just because the family appears to speak English well

- Leverage relationships with multicultural taskforces and coalitions

- Consider forming a local language access network
Jacksonville System of Care Language Assistance Initiatives

CLAS Standards Implemented

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multi-media materials and signage in the languages commonly used by the populations in the service area.
Example of How CLAS Standards Empower Youth and Young Adults
OCP2 Example - The Process

1. CLC and Social Marketing (SM) Committee led by parents and youth.

2. During CLC/SM Meetings, family members and youth discussed CLC challenges and learned about the CLAS Standards.

3. Youth and family members used their voice to educate the community and bring change.
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

- CLC and Social Marketing (SM) Committee led by parents and youth.
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<td>❖ CLC and Social Marketing (SM) Committee led by parents and youth.</td>
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During CLC/SM Meetings, family members and youth discussed CLC challenges and learned about the CLAS Standards.

Youth and family members used their voice to educate the community and bring change.

4. Educate and train governance, leadership and workforce that are responsive to the population in the service area.

15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
Implementation Exercise
Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

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Reduce disparities related to language assess services | Position:  
Not Person  
Department or Committee:  
Reports to: Frequency of Reporting: | Be generous; major tasks take time—there will be steps within each major task |
Lessons from the Field

What we have learned implementing behavioral health equity programs.
ENGAGEMENT & REPRESENTATION

- Buy in and inclusion are foundational concepts.
- Representation matters to health equity.
- When it comes to family participation- don’t be shy; individualize your needs.
- Engagement and representation should be your first step.
- Engage the larger community; partner with outside organizations and engage non-traditional groups.

Image courtesy of Texas SOC

Image courtesy of: https://intlassoc-diversityandinclusionroi.com
ORGANIZATIONAL MATTERS

- It’s a marathon and not a sprint so start small and scale up.
- Collaborate across systems to make lasting change.
- Partnerships are key for sustainability.
TOOLBOX FOR HEALTH EQUITY

- Disparity Data
- Organizational and Regional Data
- National CLAS Standards
- Use 4 Building Blocks
  - Cultural Competence
  - Linguistic Competence
  - Health Literacy
  - Family & Youth Voice
DIG DEEPER

- Go outside your silos.
- Consider the role of unconscious bias.
- Engage in difficult conversations.
- Realize that language matters.
  - Use language to bridge cultural gaps.
  - Use language to build equity.
YOU ARE NOT ALONE

- Share resources
- Use learning collaboratives
- Share the hard stuff
CONTACT INFORMATION

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